AYURVEDIC MANAGEMENT OF OVARIAN CYST- A CASE REPORT
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ABSTRACT
Ayurveda is the ancient Indian system of natural and holistic medicine. Ayurveda means “the science of life”. In Ayurveda Cyst may be correlated with Granthi. The present case revealed the Granthihara properties of some Ayurvedic medicines viz. Kanchanar Guggulu & Varunadi Kashaya in a known case of ovarian cyst. The trial drugs were procured from the local market. These Granthihara drugs found to be improved remarkably the functions of ovary. After three months of treatment, the sonography report showed no cyst in the ovary.

Keywords: Ayurveda, Granthi, Ovarian cyst, Granthihara Drugs

INTRODUCTION
Any ovarian follicle that is larger than about two centimeters is termed an ovarian cyst. Ovarian cysts are closed, sac-like structures within the ovary that are filled with a liquid or semisolid substance. Ovarian cysts affect women of all ages; however, most often they occur during childbearing years. Most ovarian cysts are functional in nature and harmless (benign). Common symptoms of an ovarian cyst are, irregular periods, abnormal uterine bleeding, pain in the abdomen or pelvis, fatigue, headaches, Nausea.

During a bimanual examination of the pelvis sometimes ovarian cysts may be noticed. Ovarian cysts are diagnosed by ultrasound, MRI & CT scan. The treatment of an ovarian cyst is mainly done by Hormonal treatment (combined oral contraceptive pills) and by surgical treatment such as laparotomy and pelvic laparoscopy, which are having their own side effects.

In Ayurveda ovarian cyst can be correlated with Kaphaja granthi. The Lakshanas of Kaphaja Granthi is Vedana- Rahita (painless), Ghana, Sheeta, Savarna & Kandu-ukta (itching).

Chikitsa of Kaphaja Granthi include Shodhana, Shamana and Chedana Karma. In the present case study Shamana Yoga (Kanchanar Guggulu and Varunadi Kashya) is used for the management of ovarian cyst. Kanchanar Guggulu is having Galganda, Ghandama, Arbuda and Garnthihara and Lekhaneeya property, along with this Varunadi Kashya is also having Bhedana, Ashmarihara and Basthishulahar property.

Case presentation:
A female subject aged 21 years, married 8 months back, anxious to con-
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receive, housewife, was examined in the hospital (OPD) on 05-05-2011 (OPD No.2939/10-11) for Right ovarian cyst. She had no previous history of mumps, syphilis, gonorrhea, secondary amenorrhea, and exposure to radiation or any toxin or chemical agent. She had suffered from malaria in childhood & from depression in 2010. She had done 1 month conventional therapy for ovarian cyst but was unsuccessful. On examination, the body proportion was found to be thin & lean with normal secondary sexual characters, were belonging to vatapit-taprakrti and asthisara. There was no any abnormal findings seen in the physical and pelvic examination (per speculum & per vagina).

Treatment:
The treatment was carried out with the following medicines (Table 1) for three months. During this period the patient was advised to take Santarpana ahara (nutritive diet like milk etc.) and avoid Snigdha (oily), Amla & Lavana ahara.

After the treatment, the sonography report on 11-08-2011 showed no cyst in the right ovary.

Observation & result:
The patient had followed the ahara & drug restriction strictly. The sonography was made after three month of treatment. The findings of sonography report before and after treatment are:

USG (Before treatment):
Uterus: Normal in size
Myometrium: Ecotexture is normal
Endometrium: Is normal, no mass seen
Left ovary: Normal in size
Right ovary: A cyst measuring 49 × 37 × 43
Cul de sac: No free fluid is seen

USG (After treatment):
Uterus: Normal in size
Myometrium: Ecotexture is normal
Endometrium: Is normal, no mass seen
Left ovary: Normal in size
Right ovary: Normal in size
Cul de sac: No free fluid is seen

DISCUSSION & PROBABLE MODE OF ACTION:
Ovarian cyst is one of the prevalent reasons for ovarian dysfunction, which directly affects the fertility potential. The present finding based on sonography and the effective management of ovarian cyst with Ayurvedic formulations with no adverse effect highlights the promising scope of traditional medicine in the ovarian and infertility disorders. Granthihara and Bhedana properties of Kanchanar Guggulu and Varunadi Kashya act on reproductive system & improve the functions of ovary and Artava. (Both antahpushpa (ovum) and bahipushpa (menstrual blood). Along with this Leekhaneeya property of Kanchanar Guggulu also helps in reducing the size and arrests further growth of cyst.

After the treatment, the sonography report showed no cyst in the right ovary (Table 2).

CONCLUSION:
Ayurveda is a branch of natural science. In various female disorders ayurvedic herbal formulation having very good results with no any adverse effect. The present study reveals the effective management of ovarian cyst by ayurvedic treatment, especially by herbal medicines.

Consent:
Before staring treatment consent of the patient is taken along with proper advice and counseling.
Acknowledgement:
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Table 1: Medicines used for the treatment

<table>
<thead>
<tr>
<th>Name of the drugs</th>
<th>Dose</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kanchnar Guggulu</td>
<td>250mg</td>
<td>Jala</td>
</tr>
<tr>
<td>Varunadi Kashya</td>
<td>15ml</td>
<td>Jala</td>
</tr>
</tbody>
</table>
- Twice daily

Table 2: Results of Sonography (Pelvis)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Before treatment (9-5-2011)</th>
<th>After treatment (11-8-2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus</td>
<td>Normal in size</td>
<td>Normal in size</td>
</tr>
<tr>
<td>Myometrium</td>
<td>Ecotexture is normal</td>
<td>Ecotexture is normal</td>
</tr>
<tr>
<td>Endometrium</td>
<td>Is normal, no mass seen</td>
<td>Is normal, no mass seen</td>
</tr>
<tr>
<td>Left ovary</td>
<td>Normal in size</td>
<td>Normal in size</td>
</tr>
<tr>
<td>Right ovary</td>
<td>A cyst measuring $49 \times 37 \times 43$</td>
<td>Normal in size</td>
</tr>
<tr>
<td>Cul de sac</td>
<td>No free fluid is seen</td>
<td>No free fluid is seen</td>
</tr>
</tbody>
</table>

USG Report:
Scanned copies of USG (before & after treatment)

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